

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 857012	RECEIPT DATE:	05 / 30 / 01
IA NUMBER:	PCT/ GB99 / 03999	IA FILING DATE:	11 / 30 / 99
FAMILY NAME:	CARD	DELAY WAIVED (Y/N):	N <i>y</i>
GIVEN NAME:	COLIN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 30 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	BKY 2 0074	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JAY F MOLDOVANYI
 FAY SHARPE FAGAN MINNICH & MCKEE
 STREET: 1100 SUPERIOR AVENUE 7TH FLOOR

CITY: CLEVELAND
 STATE/COUNTRY: OH ZIP: 44114

EMAIL:
 APPLICATION TITLES:
 STENTS FOR BLOOD VESSELS

TAB TO LAST POSITION,PUSH SEND